

INDIANA DEPARTMENT OF CHILD SERVICES ADMINISTRATIVE POLICIES AND PROCEDURES		
Tool: HR-3-1	Effective Date: December 1, 2009	Version: 1.0
<b>POLICY TITLE: HOME VISIT SAFETY PROTOCOL</b>		
<b>OVERVIEW:</b> This protocol is for use by all Indiana Department of Child Services (DCS) staff when conducting any type of home visits. This includes assessment and ongoing visits, as well as Quality Service Review (QSR) interviews.		

## I. DEFINITIONS

N/A

## II. REFERENCES

- A. [IC 9-19-10-2: Use of safety belt by motor vehicle occupants; safety belt standards](#)
- B. [IC 9-19-11-2: Child less than eight years of age; child restraint system; penalty; medical exceptions; child restraint system account](#)
- C. [State of Indiana Employee Handbook](#)
- D. [Drug Endangered Children \(DEC\) Response Protocol](#)

## III. POLICY

- A. Prior to leaving the DCS local office:
  - 1. Assess the case record information and other information sources, as appropriate, to determine whether there are any risk factors associated with the family, home, or neighborhood. If a Family Case Manager (FCM) believes that the home visit cannot be safely made alone, he or she should consult with the Supervisor to determine how to proceed. If a visit cannot be made safely, the local Law Enforcement Agency (LEA) should be contacted for assistance. Specific items to consider when making a decision include:
    - a. Is there a history of violence, either reported or unreported to law enforcement, in the home?
    - b. Are any family members using illegal drugs or drinking alcohol in excess?
    - c. Are any family members mentally ill?
    - d. Are firearms present in the home?
    - e. Are vicious dogs or other animals present in the home?
    - f. Are there any known safety hazards in the home or on the property?
    - g. Does anyone in the home have a criminal history?

**Note:** DCS does not have the resources to allow a two (2) person response for all contacts with clients and families. If the FCM feels that a two (2) person response or contacting LEA is warranted, seek Supervisory assistance or approval.

- 2. Prepare either a paper day sheet or a schedule in Microsoft Outlook Calendar, listing the planned visits (including case name and address) for the day and maintain that schedule, as much as possible. A copy of the day sheet or printed calendar must be left in plain sight on the FCM's desk or given to the

- Supervisor. If plans change while in the field, the FCM must telephone the Supervisor or designee before making any unanticipated visits;
3. Make initial or questionable visits during normal business hours, when possible;
  4. Notify office staff when leaving or returning. If the worker plans to go home after the last field visit, notify the DCS local office or a designated Supervisor via phone call or text message after the last visit is finished; and
  5. Keep agency issued cellular phone powered on at all times while working in the field. Supervisors should keep cellular phones powered on and with them during regular business hours.

**Note:** Phones should be kept with the FCM during all home visits.

- B. To ensure safety when traveling in a vehicle, staff members:
1. Must hold a valid driver's license. All employees who transport children may be subject to a Bureau of Motor Vehicles (BMV) records check to ensure their driver's license is valid;
  2. May not engage in the use of or be under the influence of substances that may impair judgment and/or driving ability while working;
  3. Will ensure that all individuals (including the driver) follow applicable seat belt and child restraint seat laws;

**Note:** According to [IC 9-19-11-2](#) all children under age eight (8) must be in a child restraint seat. According to [IC 9-19-10-2](#), all occupants of a motor vehicle must utilize seat belts.

4. Will not engage in illegal, unsafe, or reckless driving practices while working; and

**Note:** Talking on the phone and/or text messaging are not permitted when transporting wards and/or driving while working.

5. May not have a handgun or other weapon in the vehicle while working. See [State of Indiana Employee Handbook](#) for more information.

- C. When parking and exiting the vehicle, staff members should:
1. Know and follow the DCS local office procedures regarding vehicle safety, (what to do in case of an accident, breakdown, flat tire, or other mechanical problem with the vehicle);
  2. Become aware of the areas in the neighborhood where help could be obtained if an emergency occurs (i.e., 24-hour stores, gas stations, restaurants, and other public facilities) prior to parking the vehicle, if the home is in an unfamiliar area;
  3. Have enough gas in the car at all times;
  4. Park in a well-lit area with the vehicle facing the direction you intend to leave;
  5. Park in the street rather than the driveway, when possible;
  6. Park with the driver's side door easily accessible;

7. Locate the client's building prior to exiting the vehicle if the residence is in an apartment complex;
8. Scan the area for potential safety risks prior to exiting the vehicle;
9. Take only the items necessary to complete the home visit. Purses or wallets should be concealed if they are left in the vehicle;
10. Keep keys in a place where they are easily accessible (coat pocket, clipped to a clipboard, etc.); and
11. Keep vehicle doors locked.

D. When approaching a home:

1. Visually inspect the outside of the home and surrounding residences to become aware of people, animals, or unfamiliar vehicles. If animals are present and unsecured, do not attempt to approach the home until someone in the home can secure the animal or assure you that it is not dangerous;
2. Do not walk around the residence looking in windows if no one answers the door;
3. Look and listen for signs of disturbance involving or affecting people inside or outside of the residence. For example, is there fighting, crying, dog barking, etc.;
4. Take note of any smells associated with substance use or manufacturing. Follow appropriate [DEC Response Protocol](#) if methamphetamine use, dealing, or manufacturing is suspected;
5. Ask for assistance from a Supervisor, LEA, or a co-worker if you feel unsafe; and
6. Be aware of attire choices when making home visits. For example, wear shoes that you can move quickly in if necessary. Be cautious when wearing jewelry, scarves, ties, etc. that could potentially be grabbed. Always wear DCS issued ID clipped to clothing or on a break-away lanyard.

E. When entering a home:

1. Seek entrance through a door that is in plain sight of the street, when possible, and knock while standing to the side of the doorway;
2. Complete a cursory visual inspection when the door is opened to assess any potential hazards which may be present;
3. Do not enter the home if summoned into the residence by an unseen person but rather wait for the person to present himself or herself;
4. Complete a cursory evaluation of the client's attitude, demeanor, and behavior to assess for signs of aggression, violence, substance use, or unusual or suspicious behavior;
5. Do not enter the residence if no adult is present. Contact LEA if children requiring adult supervision are unattended in the home;

**Note:** If accompanied by LEA, do not enter the home unless or until law enforcement has entered and determined the residence to be safe.

6. Do not attempt to coerce or be aggressive with a client who is refusing to give access to the home or children in question. Leave the home and consult with a Supervisor immediately regarding how to proceed; and

7. Leave and consult with a Supervisor regarding how to proceed, if you feel unsafe entering the residence.

F. While in the home:

1. Sit in an area near or with easy access to an exit. Be aware of where you sit, taking care not to sit on sharp or wet items;
2. Remain alert and observant of the environment and the behaviors of those present;
3. Note any unusual smells, such as gas, electrical, or fire hazards, as well as those which may be associated with the manufacture of substances (following appropriate [DEC Response Protocol](#) if warranted);
4. Be aware of all people who are present in the home during the visit, inquiring about any unseen people believed to be in other rooms or unfamiliar people arriving during the visit;
5. Do not enter any part of the house without the permission of the client, and remain cautious and observant upon entry to any room; and
6. Leave immediately if there is a perceived safety risk. Contact LEA immediately if a danger to self, children, or others is suspected.

G. When interacting with an irate client:

1. Remain calm. Be aware of the tone of your voice;
2. Keep a safe distance between yourself and the client. Stand to the side of the individual, instead of directly in front of them;
3. Remove yourself from the situation as soon as possible if you feel threatened;
4. Show respect and sincerity;
5. Do not tell the client what to do or how you would handle a situation if you were them; and
6. Ask for assistance from a Supervisor or LEA when needed.

H. When leaving the home:

1. Have car keys out and ready upon approaching the vehicle;
2. Observe any people or activities taking place in relative proximity to the residence, the exit route, or the vehicle. If you are afraid or suspect danger you should go to a previously identified safe place;

**Note:** Leave the car and contact someone for alternative transportation, if you believe that you may not be able to return to or enter the vehicle without risk of harm.

3. Observe the back seat before entering the vehicle;
4. Leave the area immediately. Do not remain outside the residence or in the vehicle to make phone calls or take notes; these activities should be completed when a safe or familiar destination is reached;
5. Always wash your hands or use an alcohol based hand sanitizer after completing a home visit; and
6. Write notes about everything that happened during the visit as soon as possible.

I. When in the office, the FCM and/or Supervisor will:

1. Make sure office clerical staff are aware at all times of clients who are in the building, the purpose for their visit, and the worker with whom they are meeting;
  2. Arrange office or meeting space so that the worker has easy and unrestricted access to an exit door. Do not have paperweights, scissors, or other items that could be used as a weapon available in rooms used for meetings with clients;
  3. Observe the client's attitude, demeanor, and behavior to assess for signs of aggression, violence, substance use, or unusual or suspicious behavior. Terminate the visit or seek assistance from other staff if necessary to de-escalate a situation;
  4. Keep clients' waiting time to a minimum;
  5. Not meet with anyone when alone in the office; and
  6. Not open suspicious packages or those with no return address. Report these items to a Supervisor or the DCS Local Office Director immediately.
- J. Workers who routinely make home visits may want to consider keeping the following items in their vehicle:
1. Cellular phone with 911 programmed or on speed dial;
  2. A change of clothing;
  3. Clean towels for clean-up or decontamination;
  4. Latex or surgical gloves for handling children who are injured or ill;
  5. Disinfectant hand wipes;
  6. Plastic trash bags for covering car seats and floorboards and for carrying contaminated items;
  7. DEC blankets/kits; and
  8. Hand sanitizer.
- K. Special considerations for cases where domestic violence is suspected or identified include:
1. If there is an active protective order and you suspect that the alleged domestic violence offender is in the home during the visit, you should leave the home and contact LEA;
  2. Avoid meeting with the alleged domestic violence offender alone in a home. Take a co-worker, Supervisor or LEA with you to the meeting or request that the alleged domestic violence offender come to the DCS local office to meet;
  3. Notify co-workers and Supervisor when an alleged domestic violence offender will be visiting the office. Try to have a building security officer nearby or request that a co-worker sit in on the interview;
  4. Ensure accessible exits when meeting with the alleged domestic violence offender;
  5. Inform the non-offending parent if the alleged domestic violence offender's anger has escalated during an interview or visit. This behavior may indicate heightened risk for the safety of the non-offending parent and child(ren); and
  6. Be aware that certain situations may threaten the alleged domestic violence offender's power and control and may cause him or her to react violently towards DCS staff. The FCM should work with the Supervisor to determine how to handle these situations, should they arise. Examples include, but are not limited to:
    - a. Preparation by the non-offending parent to leave the relationship,

- b. Receipt by the alleged domestic violence offender of agency documentation with allegations of child abuse and/or neglect (CA/N) or information about how DCS will continue to be involved with the family,
- c. Allegations made directly to the alleged domestic violence offender regarding domestic violence or CA/N,
- d. Requests for information regarding the location of the non-offending parent and/or child(ren),
- e. Removal of the child(ren) from the home,
- f. Filing or finalizing Termination of Parental Rights (TPR), and
- g. Release of the alleged domestic violence offender from jail.

DATE: 10/01/2009

James W. Payne, Director  
Department of Child Services

A signed copy is on file.